

<input type="checkbox"/> Closed									
Last Name		First Name		MI	Aka/Maiden Name		Sex	Race	
D.O.B.	Birthplace		Marital Status		Language	Height	Weight	Eyes	Hair
Distinguishing Marks					Date Opened		Annual Review Date		
Program			Case Manager			Social Security Number			
Current Address				See Placement History Page			<input type="checkbox"/>	Maintenance	
							<input type="checkbox"/>	Conservatorship	

Axis I & II Diagnosis (and source):

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Dangerous Propensity/Substance Abuse:

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#### SERVICE PROVIDERS

Service Providers (MD, Day, Tx, etc.)	Name/ Agency	Street	City	State	Zip Code	Area Code	Phone	Start Date

#### PERSONAL CONTACTS

Relation	Name	Street	City	State	Zip Code	Area Code	Phone

County of San Diego  
Health and Human Services Agency  
Mental Health Services  
Case Management Services

#### CASE MANAGEMENT – FACE SHEET

HHSA:MHS-861 (6/29/2003)

**Client:** \_\_\_\_\_

**MR/Client ID #:** \_\_\_\_\_

**Program:** \_\_\_\_\_

Source	Amount	Eligible
TOTAL		

Other Resources

- ☐ Medi-Cal # \_\_\_\_\_
- ☐ Medicare # \_\_\_\_\_
- ☐ VA \_\_\_\_\_
- ☐ Other \_\_\_\_\_
- ☐ Other \_\_\_\_\_
- ☐ Other Ins \_\_\_\_\_

PAYEE:

**PLACEMENT INFORMATION**

Enter Date	Exit Date	Placement	Street	City	State	Zip Code	Area Code	Phone	Hosp

County of San Diego  
Health and Human Services Agency  
Mental Health Services  
Case Management Services

**CASE MANAGEMENT –  
FACE SHEET**

HHSA:MHS-861 (6/29/2003)

**Client:** \_\_\_\_\_

**MR/Client ID #:** \_\_\_\_\_

**Program:** \_\_\_\_\_

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County of San Diego  
 Health and Human Services Agency  
 Mental Health Services  
 Case Management Services

**CASE MANAGEMENT –  
 FACE SHEET**

HHSA:MHS-861 (6/29/2003)

**Client:**\_\_\_\_\_

**MR/Client ID #:**\_\_\_\_\_

**Program:**\_\_\_\_\_